

Smoking Cessation Practices of North Dakota Obstetricians and Gynecologists for Women of Reproductive Age



**Partnership for Tobacco Prevention and Cessation for Women
of Reproductive Age**

August 2005

Acknowledgements

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Introduction:

A new public-private provider partnership in North Dakota is developing and implementing strategies to reduce tobacco use among women of reproductive age. The current partnership includes representatives from the North Dakota Section of the American College of Obstetricians and Gynecologists and the North Dakota Department of Health's Family Planning Program, Optimal Pregnancy Outcome Program, WIC Program and Division of Tobacco Prevention and Control. In order to assess current smoking prevention and cessation practices of health-care providers in North Dakota serving women of reproductive age, the partnership conducted a survey in the fall of 2004. The first group of North Dakota health-care providers to be surveyed was obstetricians and gynecologists. This report presents highlights of the study findings; all remaining results are included in Appendix A. In addition, the questionnaire is included in Appendix B and the Women's Partnership membership is included in Appendix C.

Background:

Tobacco use can adversely affect reproductive health. Smoking may cause poor outcomes for both the pregnant woman and her unborn child. Maternal smoking increases the risk for adverse maternal health (e.g., premature rupture of membranes, abruptio placentae, and placenta previa) and poor birth outcomes (e.g., neonatal natality and stillbirth, pre-term delivery and sudden infant death syndrome).¹ In 2003, smoking during pregnancy was reported by 17 percent of all women giving birth in North Dakota, compared to 12 percent nationally.² Smoking prevalence is more than twice as high among teens and those receiving Medicaid or those who are uninsured. According to the Centers for Disease Control's Smoking Attributable Morbidity, Mortality and Economic Costs (SAMMEC), total neonatal and smoking-attributable expenditures are over \$1 million annually or about \$636 per maternal smoker in North Dakota.³ In a September 2003 Women and Smoking Report Card, North Dakota ranked last in the nation in terms of the percentage of women receiving smoking cessation advice by physicians.⁴ Nationally, 61 percent of women reported receiving smoking cessation advice, while in North Dakota only 43.8 percent of women reported receiving advice.⁵

Methods:

The survey employed a census sample of obstetricians and gynecologists in North Dakota in September 2004. Non-respondents were sent a reminder notice and another survey if they had not returned the survey within six weeks. The mailing list for obstetricians and gynecologists was obtained from the North Dakota Medical Association. A total of 46 surveys were mailed. After adjusting for undeliverable surveys, physicians practicing out-of-state and retired physicians, the study population was made up of 44 obstetricians and gynecologists. The response rate was 75 percent (N=33).

The 24-item questionnaire was developed by members of the provider partnership. Similar questionnaires from other states were used as resources in the survey development. The questionnaire covered information in seven areas: office cessation protocols or policies, use of the 5 A's (Ask, Advise, Assess, Assist, Arrange), cessation resources, recommendation of pharmacotherapies, barriers to providing cessation services, training and demographic data.

The Division of Tobacco Prevention and Control of the North Dakota Department of Health performed the analysis of this data. The data were analyzed using frequency distributions to determine areas where further information or training might be beneficial. Also, all survey questions were cross-tabulated with demographic information such as physicians' genders, years in practice, and smoking status. However, only gender exhibited a slight relationship in some

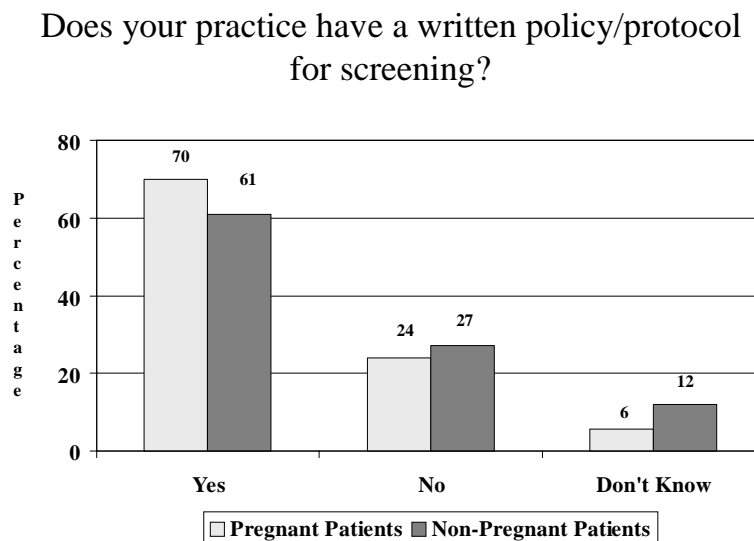
instances. If you would like more information about these cross-tabulations, please contact the Division of Tobacco Prevention and Control of the North Dakota Department of Health. Findings from this study regarding current prevention and cessation practices of health care providers are generalizable only to those who answered the survey.

Results:

Demographic Characteristics of Survey Respondents

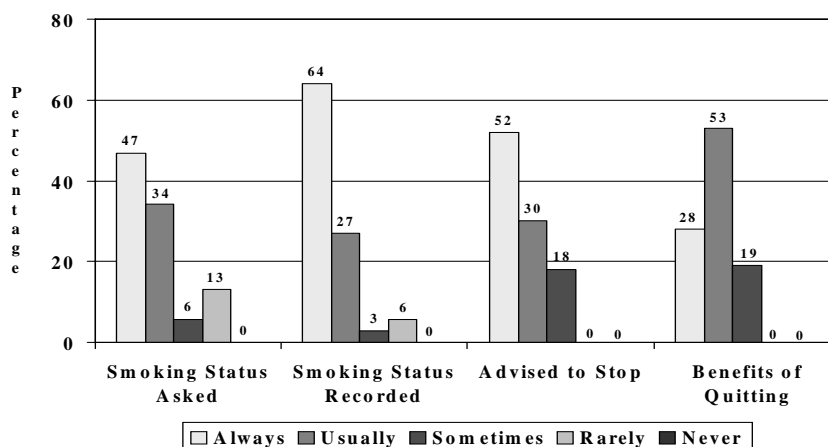
Nearly one-half (45.5%) of the survey respondents had 10 or fewer years of practice experience, 18.2 percent had from 11 to 20 years of experience and 36.3 percent had 21 or more years of practice experience. Slightly more than one-half (54.5%) of the respondents were male, while slightly less than one-half (45.5 %) were female.

The following are key findings from the survey of obstetricians and gynecologists.



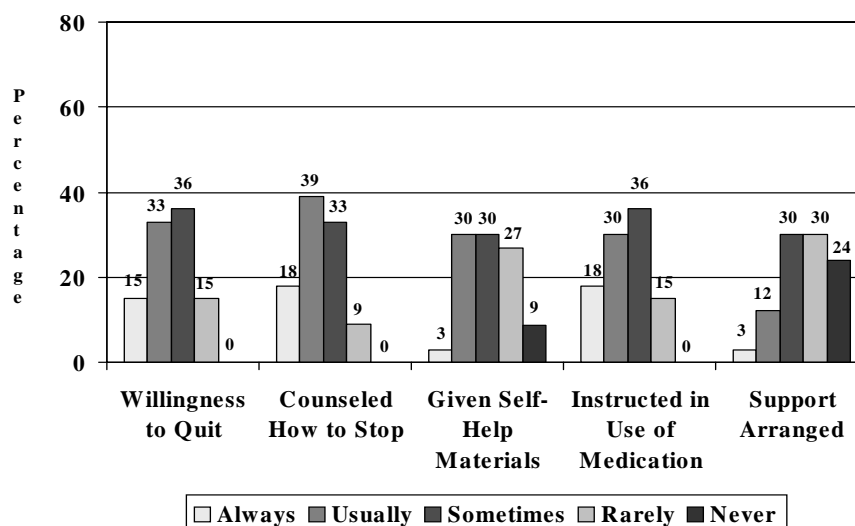
Slightly more respondents reported their practice has a written policy or protocol for screening smoking status among pregnant patients (70 %) than for non-pregnant patients (61 %).

At a patient visit, how often do the following activities happen in your practice?



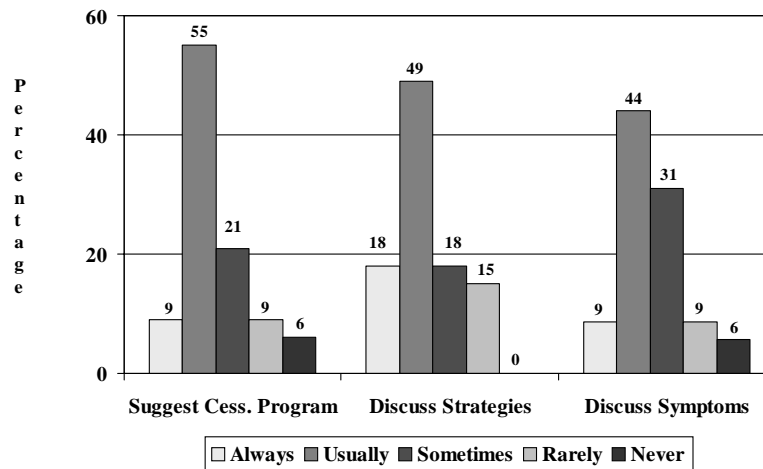
More than 80 percent of respondents reported always or usually asking smoking status, recording smoking status, advising smokers to stop, and explaining the benefits of quitting at patient visits.

At a patient visit, how often do the following activities happen in your practice?
(Cont.)



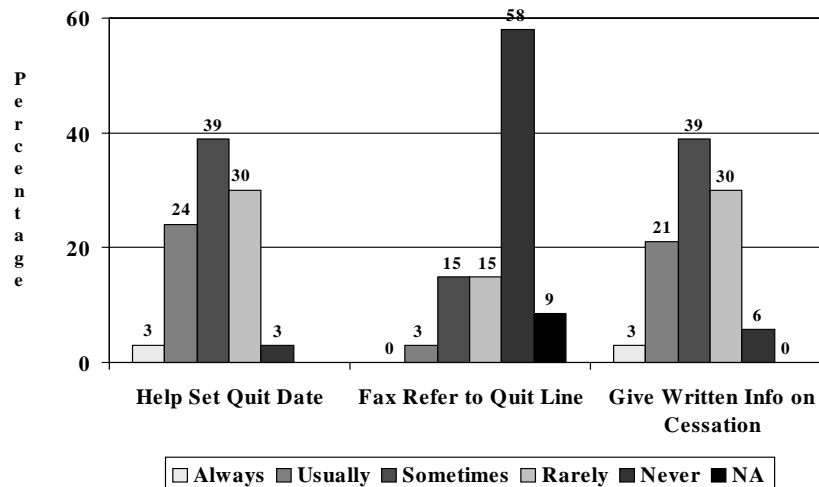
Approximately 50 percent of respondents reported always or usually assessing patients' willingness to quit smoking and counseling them how to stop.

If you counsel patients about how to stop smoking,
how often do you:



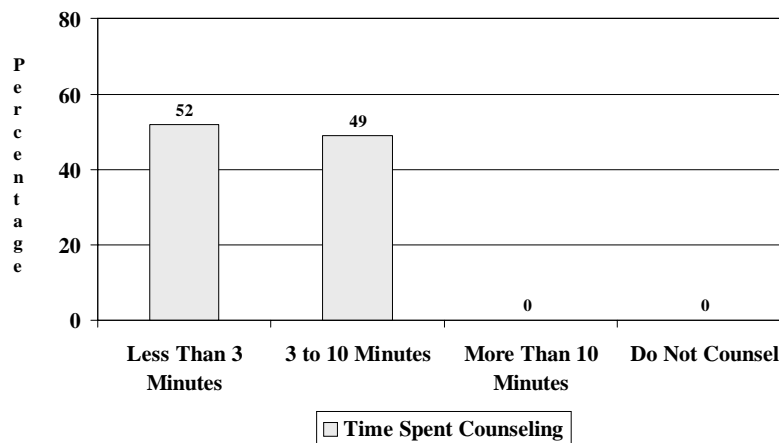
When counseling patients about how to stop smoking, more than half of respondents said they suggest going to a smoking cessation clinic or program, discuss specific strategies for quitting, and discuss withdrawal symptoms and other concerns.

If you counsel patients about how to stop smoking,
how often do you:
(Cont.)



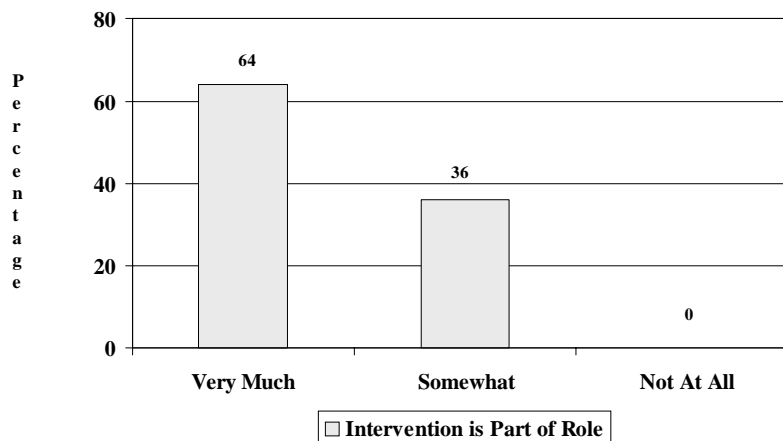
When counseling patients about how to stop smoking, approximately one-fourth of respondents said they help them set a quit date and give them written information about smoking cessation (e.g., self-help booklets), while only 3 percent of respondents reported referring patients to a quit line by fax.

If you counsel patients about how to stop smoking, how much time, on average, do you spend doing this with each patient during each visit?



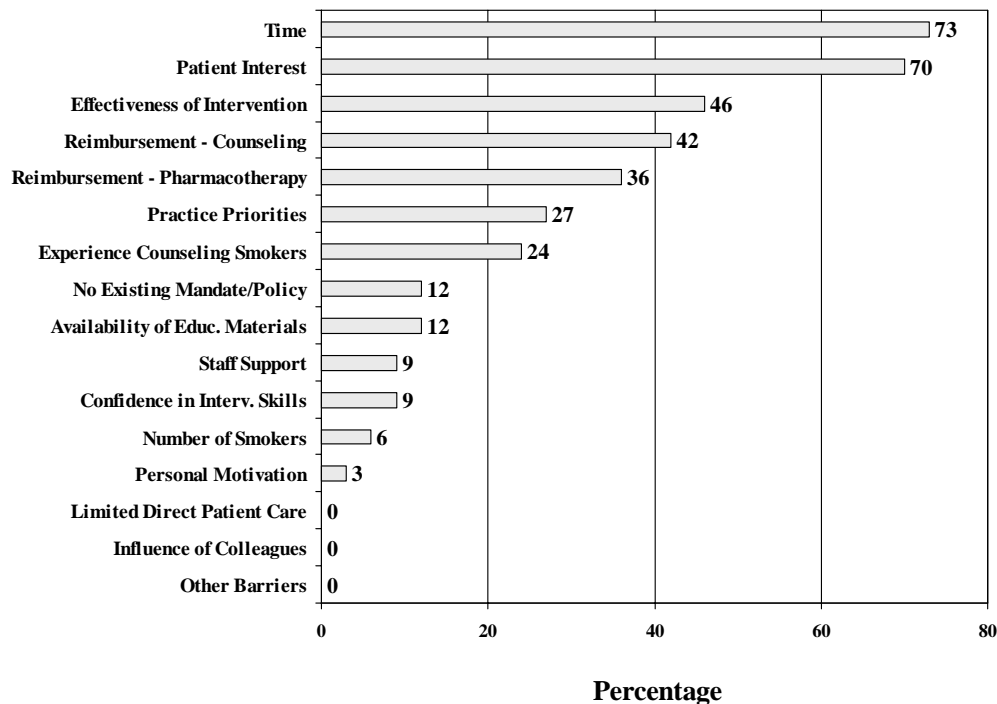
When counseling patients about how to stop smoking, all respondents reported spending either less than three minutes or from three to 10 minutes doing this with each patient during each visit.

To what extent do you feel that delivering a smoking cessation intervention is a part of your role as a health-care provider?



Approximately two-thirds (64 %) of respondents said they very much feel that delivering a smoking cessation intervention is a part of their role as a health-care provider, while the remaining respondents (36 %) reported they somewhat feel delivering a smoking cessation intervention is a part of their role.

What are the barriers for you in providing smoking cessation services to women in your practice setting?



Nearly three-fourths of respondents indicated that lack of time to spend and lack of patient interest are barriers to providing smoking cessation services to women. In addition, nearly half of respondents indicated that the limited effectiveness of smoking intervention and low or limited reimbursement for cessation counseling are barriers to providing cessation services.

Conclusions/Recommendations:

Smoking prevention and cessation programs remain an important strategy for preventing poor birth outcomes and decreasing the social and financial costs of smoking during pregnancy. Women who quit smoking before or during pregnancy can substantially reduce or eliminate risks to themselves and their infants.

The majority of obstetricians and gynecologists responding to this survey have protocols or policies in place for documenting tobacco use screening and smoking cessation counseling. More than 80 percent of respondents also reported always or usually asking smoking status, recording smoking status, and advising smokers to stop. In addition, more than half of respondents reported assessing patients' willingness to quit, suggesting cessation programs, discussing strategies for quitting, discussing withdrawal symptoms when counseling patients to stop smoking and currently having tobacco cessation posters and pamphlets in their waiting rooms. However, the majority of respondents reported being only moderately or not at all confident in their ability to counsel and/or help smokers to quit.

It appears that the obstetricians and gynecologists responding to this survey are well aware of the dangers of smoking to women of reproductive age and have policies or protocols in place to screen for tobacco use. However, most clinicians participating in this survey are not yet assisting

smokers to quit or arranging for cessation support. Therefore, physicians serving women of reproductive age may benefit from additional information and training on best practices in tobacco prevention and cessation that can be integrated into daily practice routines, such as the 5 A's, local cessation programs and the North Dakota Tobacco Quitline, and the effectiveness of various cessation interventions.

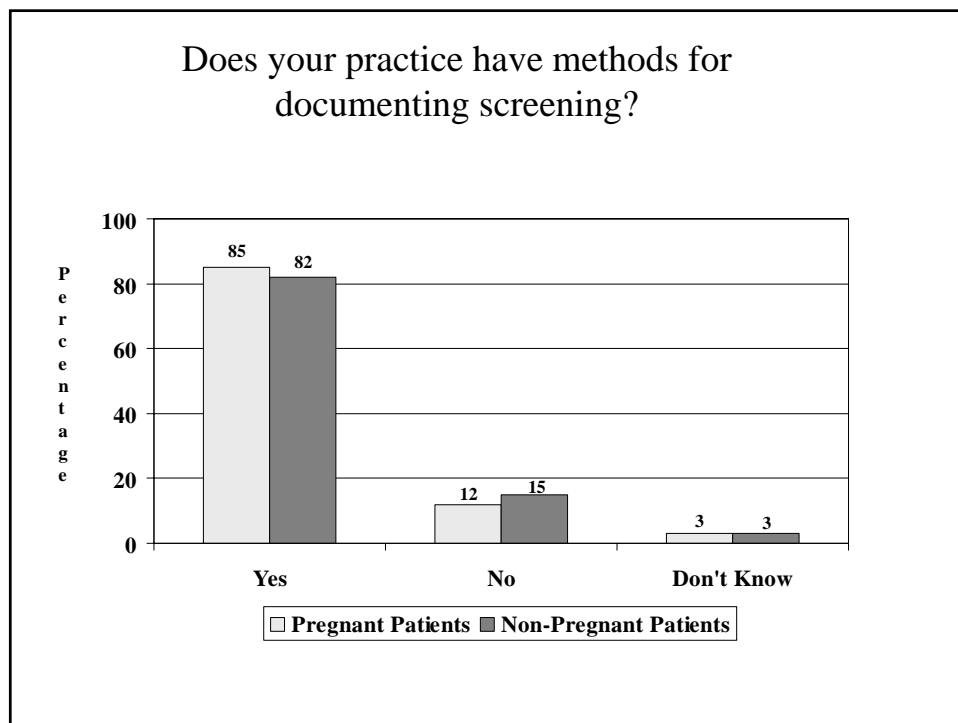
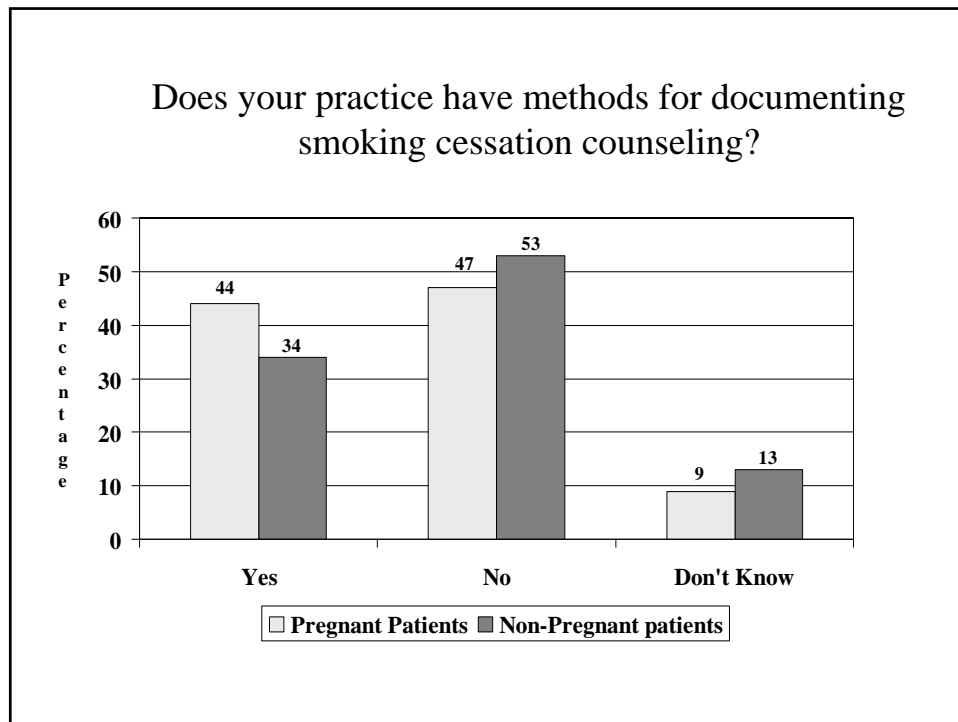
¹ US Department of Health and Human Services. Women and Smoking: A Report of the Surgeon General. Rockville, MD: US Department of Health and Human Services, Public Health Service; 2001. p. 277-291.

² Division of Vital Statistics, National Center for Health Statistics, Centers for Disease Control and Prevention.

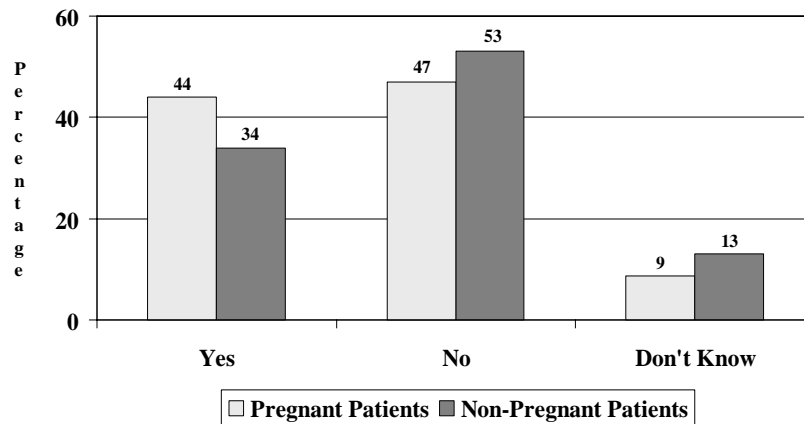
³ CDC. Annual Smoking-Attributable Mortality, Years of Potential Life Lost, and Economic Costs---United States, 1995—1999. MMWR 2002; 51:300—3.

⁴ National Women's Law Center. Making the Grade on Women's Health; Women and Smoking; A National and State-by-State Report Card. Washington, D.C.; Oregon Health and Science University, 2003. p. 63.

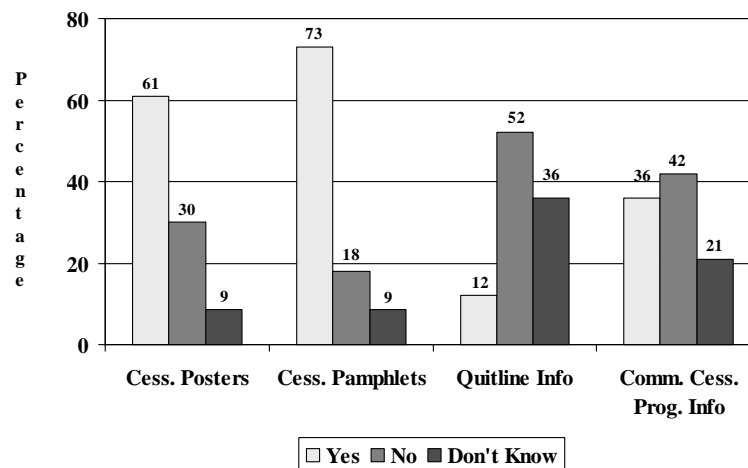
⁵ Ibid.

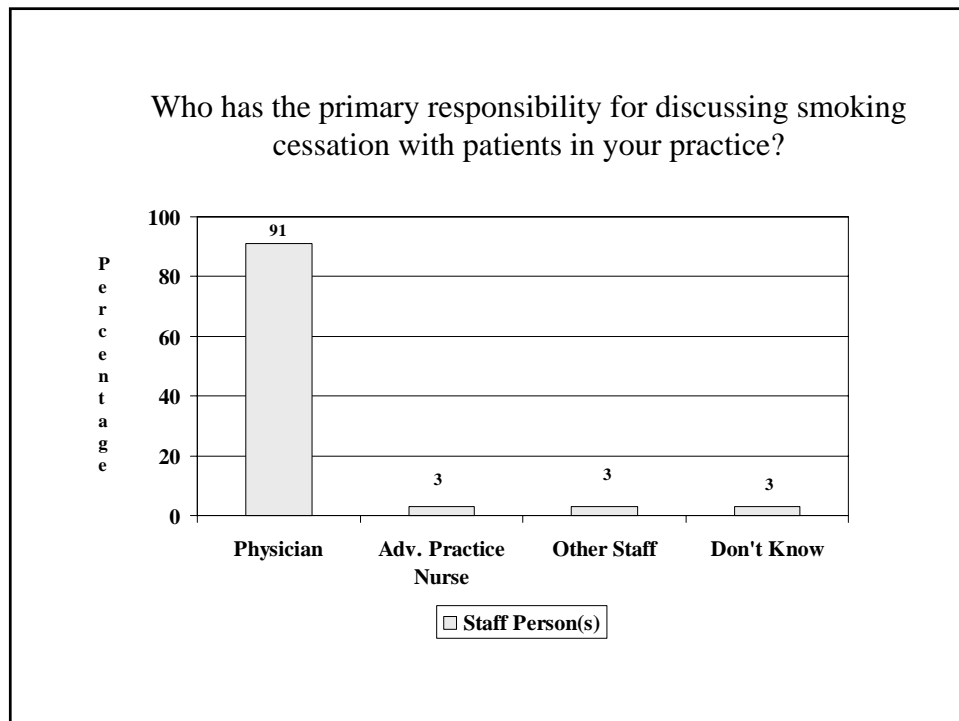
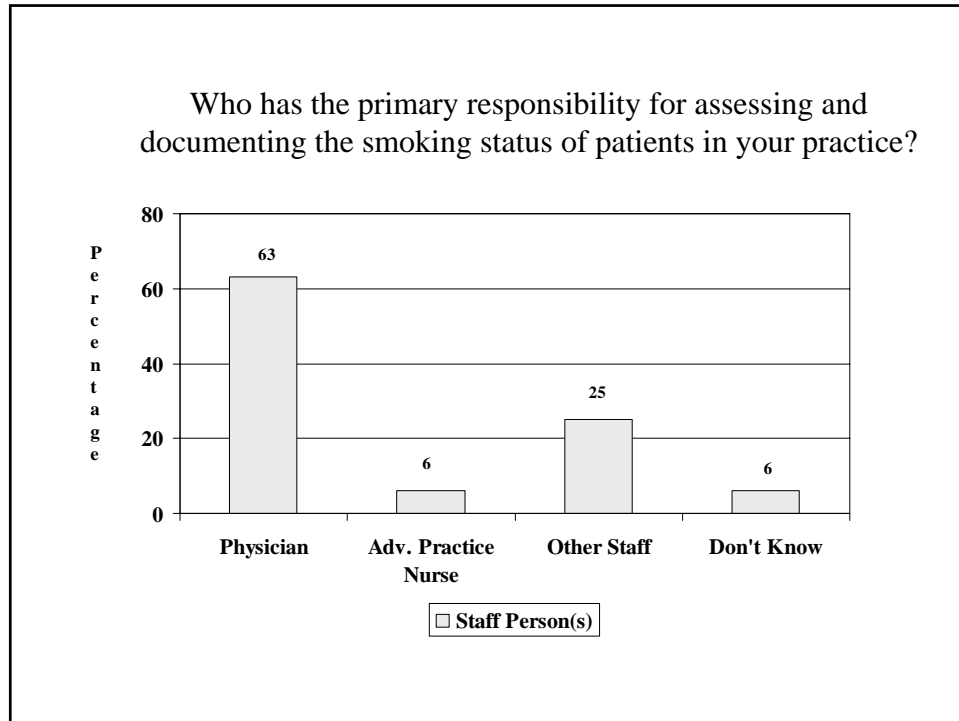


Does your practice have a written policy/protocol for smoking cessation counseling?

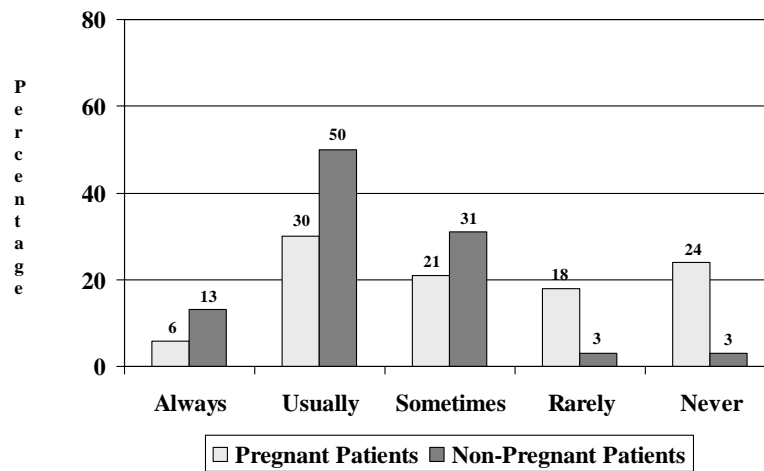


Are any of the following cessation materials in the waiting room(s) at your practice?

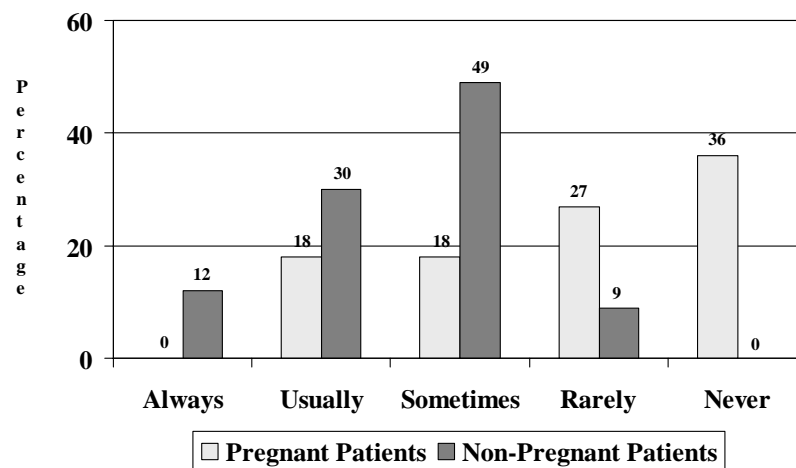




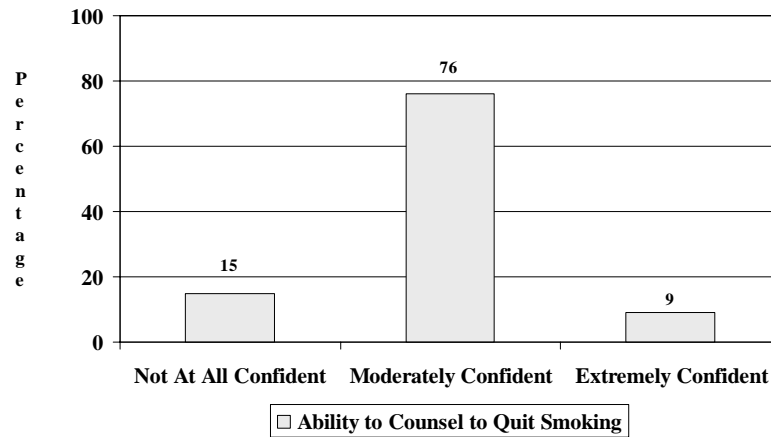
How often do you recommend nicotine replacement therapies to patients who smoke?



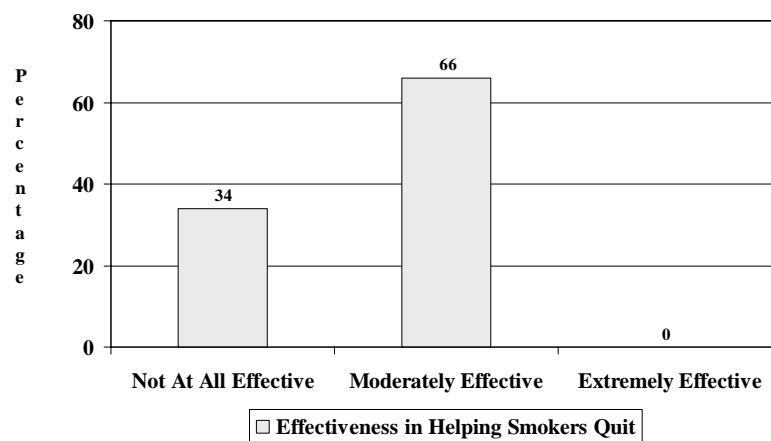
How often do you recommend bupropion (Zyban) to patients who smoke?

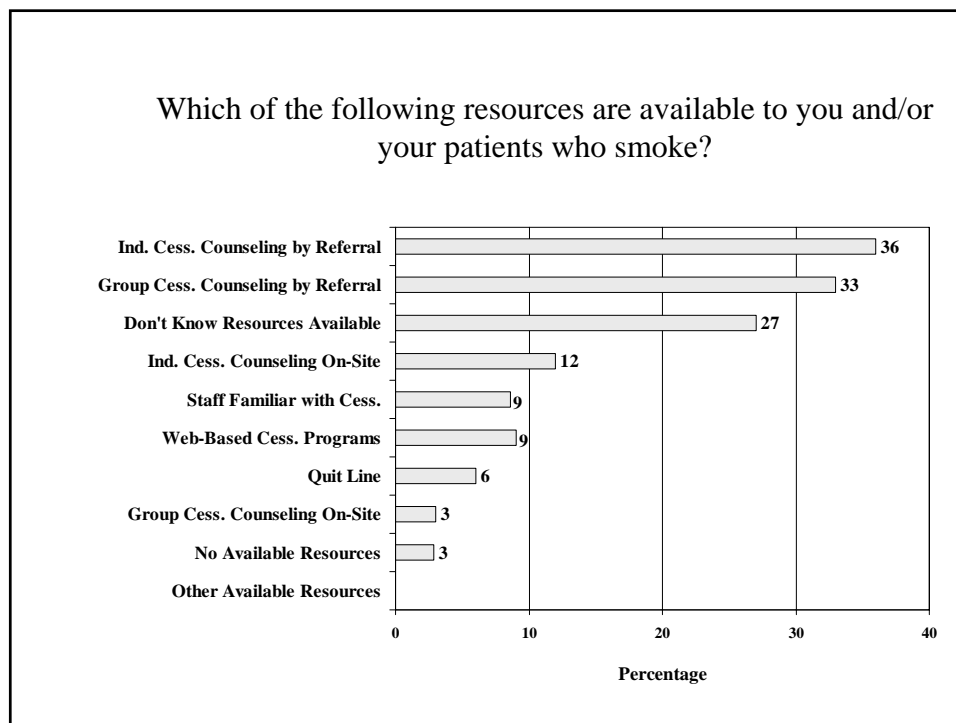
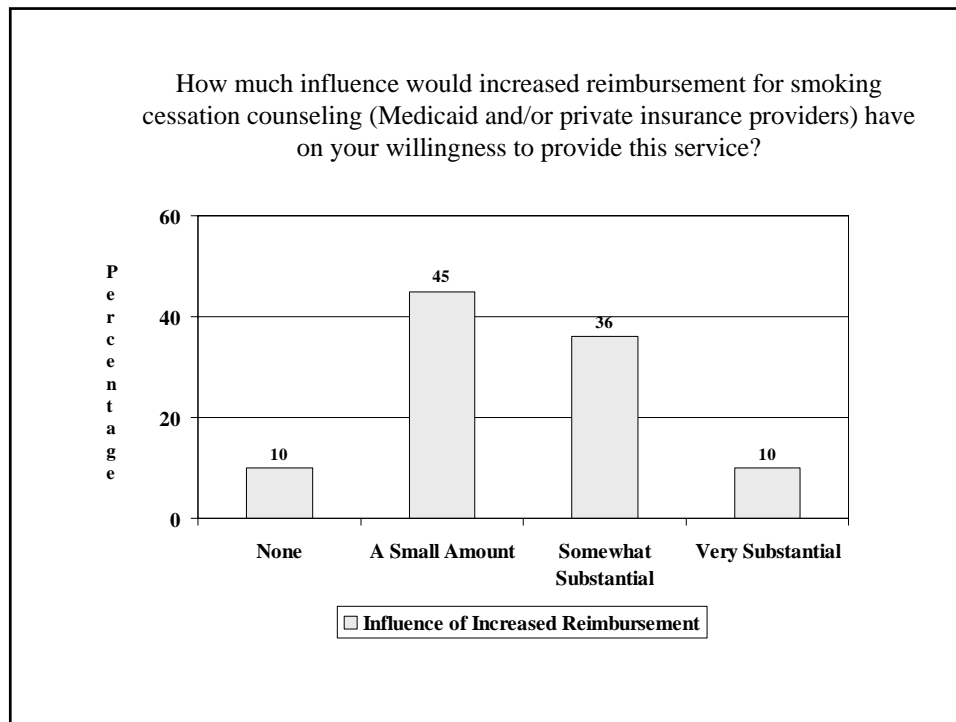


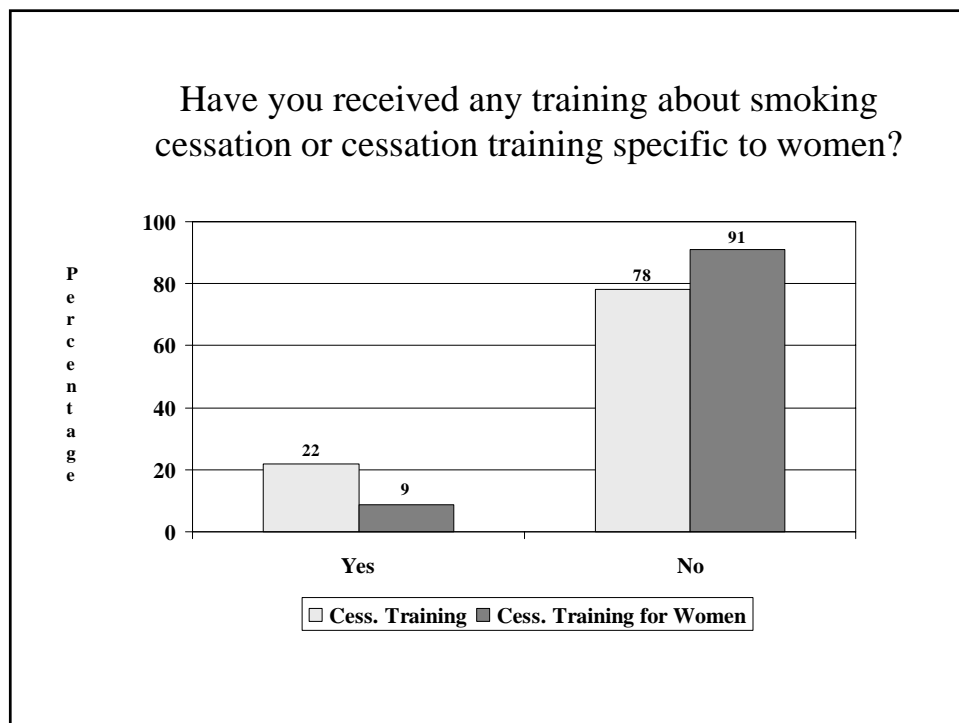
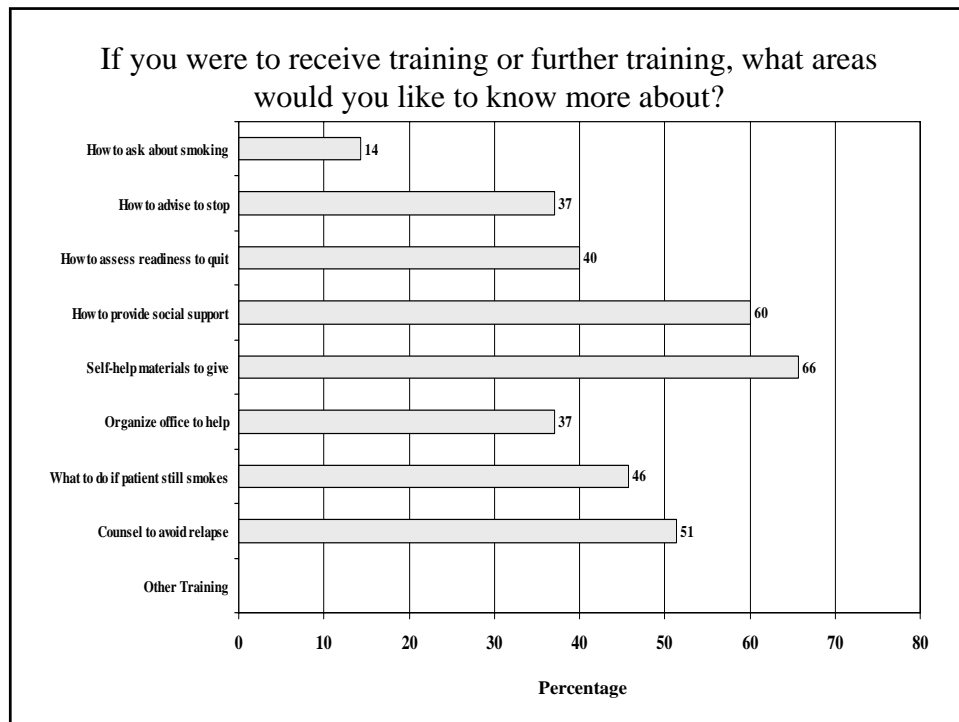
How confident are you in your ability to counsel a patient to quit smoking?

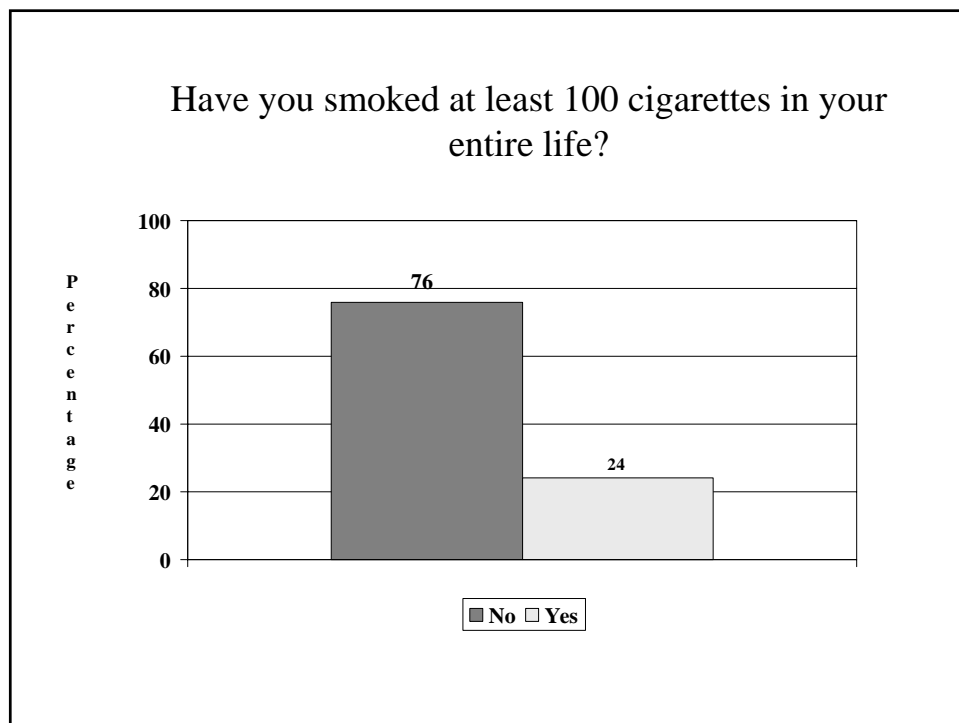
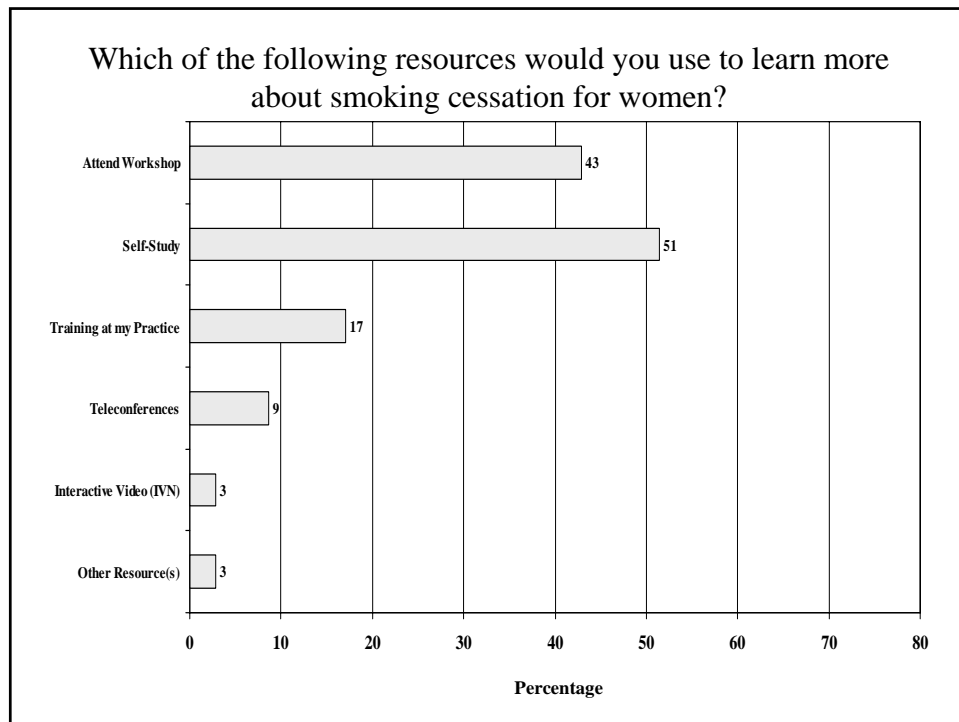


How effective do you think you are in helping smokers to quit?

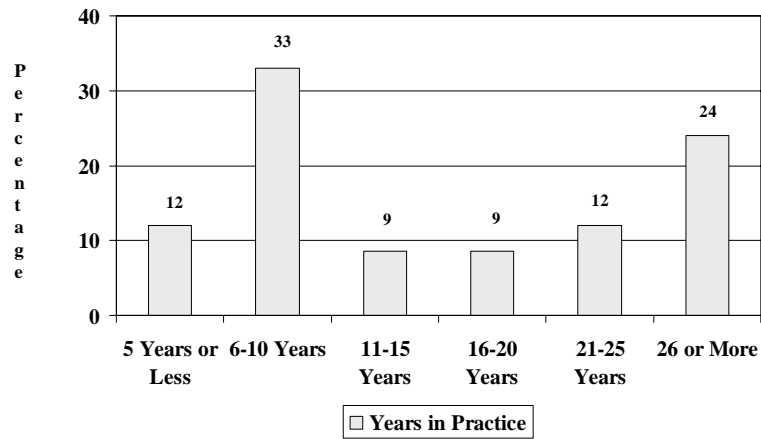




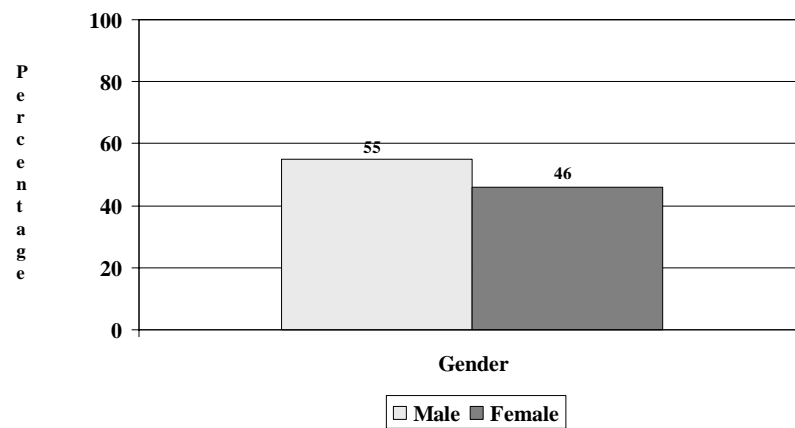




How many years have you been in practice?



What is your gender?



North Dakota Survey of Clinicians on Smoking Practices for Women of Reproductive Age

The information obtained from this questionnaire will be used to develop and provide needed smoking prevention and cessation resources to clinicians across the state. Thank you for taking the time to complete and return this questionnaire.

Your input is essential!

CONFIDENTIAL

The identification number at the top right allows us to keep track of the surveys as they are returned. Any information that would permit identification of an individual will be held strictly confidential, will be used only for purposes of this survey; and will not be disclosed or released to other persons or used for any other purposes.

1. Does your practice have a written protocol/policy for screening and smoking cessation counseling?

		Yes	No	Don't Know
a. Screening	Pregnant patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Non-pregnant patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Counseling	Pregnant patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Non-pregnant patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Does your practice have methods for documenting screening and smoking cessation counseling in the medical record?

		Yes	No	Don't Know
a. Screening	Pregnant patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Non-pregnant patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Counseling	Pregnant patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Non-pregnant patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Are any of the following materials in the waiting room(s) at your practice setting?

	Yes	No	Don't know
a. Posters encouraging smoking cessation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Pamphlets or self-help materials on smoking cessation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Quitline contact information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Community cessation program information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. At a patient visit, how often do the following activities happen in your practice?

	Always	Usually	Sometimes	Rarely	Never
a. The patient is asked about her smoking status at each visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The patient's smoking status is recorded in her medical record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The patient is advised to stop smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The patient is told about the benefits of quitting and the harms of continuing to smoke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. There is an assessment of her willingness to quit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. The patient is counseled on how to stop smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. The patient is given self-help smoking cessation materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. The patient is instructed in the use of over the counter or prescribed medication for tobacco cessation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Support is arranged as part of the treatment (e.g., follow-up phone calls, next visits)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



5. Who has the primary responsibility for assessing and documenting the smoking status of patients in your practice? (check one only)

- ☐ Physician
☐ Advanced Practice Nurse
☐ Other staff
☐ Don't know

6. Who has the primary responsibility for discussing smoking cessation with patients in your practice? (check one only)

- ☐ Physician
☐ Advanced Practice Nurse
☐ Other staff
☐ Don't know

7. If you counsel patients about how to stop smoking, how often do you:

	Always	Usually	Sometimes	Rarely	Never	NA
a. Help them set a quit date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Discuss specific strategies of quitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Discuss withdrawal symptoms and other concerns (e.g., weight gain)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Suggest that they go to a smoking cessation clinic or program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Fax refer them to a quit line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Give them written information about smoking cessation (e.g., self-help booklets)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. How often do you recommend nicotine replacement therapies to patients who smoke?

	Always	Usually	Sometimes	Rarely	Never
Pregnant patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-pregnant patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. How often do you recommend bupropion (Zyban) to patients who smoke?

	Always	Usually	Sometimes	Rarely	Never
Pregnant patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-pregnant patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. If you counsel patients about how to stop smoking, how much time, on average, do you spend doing this with each patient during each visit?

- ☐ Less than 3 minutes
☐ 3 to 10 minutes
☐ More than 10 minutes
☐ I do not counsel patients about smoking cessation

11. To what extent do you feel that delivering a smoking cessation intervention is a part of your role as a healthcare provider?

Not at all	Somewhat	Very Much
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. How confident are you in your ability to counsel a patient to quit smoking?

Not at all confident	Moderately confident	Extremely confident
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**13. How effective do you think you are in helping smokers to quit?**Not at all
effective
☐
Moderately
effective
☐
Extremely
effective
☐
14. What are the barriers for you in providing smoking cessation services to women in your practice setting?

(check all that apply)

- ☐ Reimbursement for smoking cessation counseling
- ☐ Reimbursement for pharmacotherapies
- ☐ Time to spend with patients
- ☐ Number of smokers in my practice
- ☐ Limited direct patient care
- ☐ No existing mandate/policy
- ☐ Patient interest
- ☐ Experience in counseling smokers
- ☐ Availability of educational materials
- ☐ Staff support
- ☐ Influence of colleagues
- ☐ Practice priorities
- ☐ My personal motivation
- ☐ Confidence in my intervention skills
- ☐ Limited effectiveness of smoking intervention
- ☐ Other (please specify): _____

15. How much influence would increased reimbursement for smoking cessation counseling (Medicaid and/or private insurance carriers) have on your willingness to provide this service?

- ☐ None
- ☐ A small amount
- ☐ Somewhat substantial
- ☐ Very substantial

16. Which of the following resources are available to you and/or your patients who smoke? (check all that apply)

- ☐ Individual smoking cessation counseling on-site
- ☐ Individual smoking cessation counseling by referral
- ☐ Group smoking cessation counseling on-site
- ☐ Group smoking cessation counseling by referral
- ☐ Clinic staff familiar with smoking cessation
- ☐ Hot-line/quit line for smoking cessation
- ☐ Web-based smoking cessation programs
- ☐ Other (please specify): _____
- ☐ None
- ☐ Don't Know

17. Have you received any training about smoking cessation?

- ☐ Yes ☐ No

18. Have you received any training about smoking cessation specifically for women?

- ☐ Yes ☐ No



19. If you were to receive training or further training, what areas would you like to know more about? (check all that apply)

- ☐ How to ask patients about smoking
- ☐ How to advise a patient to stop smoking
- ☐ How to assess the patient's readiness to quit smoking
- ☐ How to provide social support as a part of cessation treatment for women who smoke
- ☐ What self help materials to give a woman who smokes
- ☐ How to organize your office in terms of record keeping and patient flow so that smoking status of women is assessed at follow-up visits
- ☐ What to do if a patient continues to smoke
- ☐ How to counsel women to avoid relapse
- ☐ Other (please specify): _____

20. Which of the following resources would you use to learn more about smoking cessation for women? (check one only)

- ☐ Attend a workshop/symposia
- ☐ Self-study (audiocassette, video, CD-ROM, printed materials)
- ☐ Training and/or technical support at my practice
- ☐ Teleconferences
- ☐ Live interactive video conferences (IVN)
- ☐ Other (please specify): _____

21. What is your gender?

- ☐ Male ☐ Female

22. How many years have you been in practice?

- ☐ 5 years or less
- ☐ 6-10
- ☐ 11-15
- ☐ 16-20
- ☐ 21-25
- ☐ 26+

23. Have you smoked at least 100 cigarettes in your entire life?

- ☐ Yes ☐ No

24. Do you smoke?

- ☐ Every day
- ☐ Some days
- ☐ Not at all

Thank You!

A summary of the results will be mailed to all North Dakota OB/GYN physicians.

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